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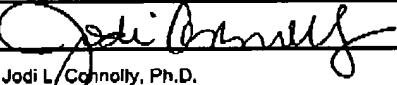
**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **14**Application Number **10/078,949**Filing Date **02/20/2005**First Named Inventor **Stanley T. Crooke**Art Unit **1635**Examiner Name **Sean McGarry****RECEIVED****CENTRAL FAX CENTER****FEB 10 2006**Attorney Docket Number **ISIS-5027****ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Isis Pharmaceuticals, Inc.		
Signature			
Printed name	Jodi L. Connolly, Ph.D.		
Date	2/10/2006	Reg. No.	54,044

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